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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 58	
1. PLACE OF DEATH				COUNTY <u>Cochise</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>22</u>	
TOWNSHIP <u>Douglas</u>				CITY <u>Douglas</u>		OR VILLAGE <u>1545-11th Street</u>		WARD	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>27</u> YRS. <u>0</u> MOS. <u>0</u> DS.				HOW LONG IN U. S. IF OF FOREIGN BIRTH? <u>57</u> YRS. <u>0</u> MOS. <u>0</u> DS.		HOW LONG IN STATE WHEN DEATH OCCURRED? <u>57</u> YRS. <u>0</u> MOS. <u>0</u> DS.			
2. FULL NAME <u>James Alonzo Howell</u>				(A) RESIDENCE NO. <u>1545-11th Street</u>		ST. <u>1545-11th Street</u>		WARD	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-24-36</u> , 19 <u>36</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Frankie J Howell</u> (OR) WIFE OF				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>5-22-35</u> , 19 <u>35</u> , TO <u>1-24-36</u> , 19 <u>36</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28th 1872</u>				I LAST SAW HIM ALIVE ON <u>1-24-36</u> , 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9-30 AM</u> M.					
7. AGE YEARS <u>63</u>		MONTHS <u>6</u>		DAYS <u>27</u>		IF LESS THAN 1 DAY, HRS. <u>0</u> OR MIN. <u>0</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Carcinoma of Rectum (Metastatic)</u> DATE OF ONSET <u>Aug 1929</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Dep County Assessor</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Cochise Co</u>		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH, DAY, AND YEAR) <u>3-18-1935</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>9 yrs</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
12. BIRTHPLACE (CITY OR TOWN) <u>Hamilton</u> (STATE OR COUNTY) <u>White Pine Co Nevada</u>				13. NAME <u>Amazon Howell</u>					
14. BIRTHPLACE (CITY OR TOWN) <u>St Charles Co</u> (STATE OR COUNTY) <u>Missouri</u>				15. MAIDEN NAME <u>Mary Ann Tyler</u>					
16. BIRTHPLACE (CITY OR TOWN) <u>St Louis Co</u> (STATE OR COUNTY) <u>Missouri</u>				17. INFORMANT (ADDRESS) <u>Frankie J Howell</u> <u>1545-11th St Douglas Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas, Arizona</u> DATE <u>1-26-36</u>				19. EMBALMER (LICENSE NO. <u>211-A</u>) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>Porter & Ames</u> ADDRESS <u>Douglas, Arizona</u>					
20. FILED <u>1-25-36</u> , 19 <u>36</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>Colostomy</u> DATE OF OPERATION <u>9-26-29</u> WHAT TEST CONFIRMED DIAGNOSIS? <u>Pathology</u> WAS THERE AN AUTOPSY? <u>No</u>					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY (SIGNED) <u>[Signature]</u> (ADDRESS) <u>Douglas, Arizona</u>									